

Amendment to the Specification

The specification page and line references mentioned below correspond to the text of international publication No. WO 2004/082630 for international application No. PCT/US2004/008120 on which the present U.S. national filing is based.

Please **delete** the paragraph at page 14, lines 14-21, of the specification that starts with the following phrase:

"'Vegetative state' (VS) and 'persistant vegetative state' (PVS) are usually . . ."

Please **delete** the paragraph at page 14, lines 22-26, of the specification that starts with the following phrase:

"'Minimally Conscious State' (MCS) is a relatively new designation for a defined . . ."

Please **replace** the paragraph at page 15, lines 10-18, with the following amended paragraph:

"Vegetative state", "VS", "persistent vegetative state", and "PVS", refer to the condition of complete unawareness of the self and the environment, but in contrast to coma, with sleep-wake cycles with complete or partial preservation of the hypothalamic and brain stem autonomic functions. Accordingly, a vegetative state is considered to be a more emergent state of consciousness than coma. The periods of wakefulness and sleeping of the vegetative state are typically irregular. In addition, when the eyes are opened, the individual fails to exhibit visual fixation or sustained visual tracking, and also may exhibit inconsistent head, trunk, and limb movements with respect to various stimuli (see, Ashwal, *Brain & Develop.*, 25: 535-545 (2003)). Vegetative state (VS) and persistent vegetative state (PVS) are usually distinguished in the art based on time course. Both VS and PVS are disorders in which the individual is considered to be in an unaware state that is, nevertheless, more emergent in awareness than coma, as evident by various characteristics such as eye opening or a discernible circadian sleep-wake cycle (see, e.g., Ashwal et al., *Brain Develop.*, 25: 535-545 (2003)). PVS is typically the designation when the individual has been in VS for more than a week (see, e.g., The Multi-Society Task Force on Persistent Vegetative State, *N. Eng. J. Med.*, 330: 1499-1508 (1994)).

Please **replace** the bridging paragraph at page 15, line 19 - page 16, line 3, of the specification with the following amended paragraph:

"Minimally Conscious State" (MCS) is a relatively new designation for a defined altered consciousness state (see, e.g., Giacino et al., *Am. Acad. Neurol.*, 58: 349-353 (2002); Ashwal et al., *Brain Develop.*, 25: 535-545 (2003)). MCS is generally considered the most emergent of altered consciousness state disorders that currently may be assessed by clinical criteria (*Id.*) and is ~~"Minimally Conscious State" or "MCS" is a severely altered state of consciousness disorder that has recently been defined as~~ a more emergent state than vegetative state (see, Giacino et al., *Neurology*, 58: 349-353 (2002); Ashwal, *Brain & Develop.*, 25: 535-545 (2003)). As a relatively newly defined state, not all practitioners have acceded to the legitimacy of or necessity for this category, opting for degrees within other older categories. Yet, the distinction from vegetative state is based on criteria that provide definite behavioral evidence of an awareness, albeit very limited, of self or environment based on one or more of four classes of behaviors, i.e., simple command-following, gestural or verbal "yes/no" response (regardless of accuracy), intelligible verbalization, and non-reflexive, "purposeful" behaviors (Ashwal, *Brain Develop.*, 25: 535-545 (2003)). Functional interactive communication and use of extremities are considered key indications of further emergence from the minimally conscious state toward normal consciousness (*Id.*). Whether or not the "minimally conscious state" *per se* is ultimately incorporated into the clinical diagnostic jargon of neurology does not, however, detract from or otherwise affect the methods and compositions described herein for treating impaired neurological function; changes in a state or pattern of consciousness and/or any other neurological function are readily assessed by any of a variety of methods and scales employed in clinical neurology (see, below).